

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90031 028 ****61.25

DOCUMENT # 729359 1. Entity Name HIGH POINT OF DELRAY BEACH CONDOMINIUM ASSOC. SEC. 5, INC.					
Principal Place of Business 1103 CLUB DRIVE WEST DELRAY BEACH FL 33445		Mailing Address 1103 CLUB DRIVE WEST DELRAY BEACH FL 33445			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1833036 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent JACOBUCCI, ALBERT P 1217 A SOUTH DRIVE WAY DELRAY BEACH FL 33445	
7. Name and Address of New Registered Agent Name DENNIS DICKSON Street Address (P.O. Box Number is Not Acceptable) 1230 A SOUTH DRIVE WAY City DELRAY BCH FL 33445				8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Dennis Dickson</i> DENNIS DICKSON - PRESIDENT - Feb 14/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRELLA, KATE 1215 D SOUTH DR. WAY DELRAY BEACH FL 33445	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DENNIS DICKSON 1230 A SOUTH DRIVE WAY DELRAY BCH FL 33445	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HILES, KAY 1200 C SOUTH DRIVE CIRCLE DELRAY BEACH FL 33445	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D BRUCE STEWART 1082 A NORTH DRIVE DELRAY BCH FL 33445	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACOBUCCI, ALBERT P 1217 A SOUTH DRIVE WAY DELRAY BEACH FL 33445	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S D DOROTHY SEYMOUR 1200 A SOUTH DRIVE CIRCLE DELRAY BCH FL 33445	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHD PATERNO, JOAN 1217 D SOUTH DRIVE WAY DELRAY BEACH FL 33445	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T D ROBERT ALLEN 1222 B SOUTH DRIVE WAY DELAAY BCH FL 33445	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDREIUOLO, FRANK 1202 B SOUTH DRIVE CIRCLE DELRAY BEACH FL 33445	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUCE BARLOTT 1117 D SOUTH DRIVE DELRAY BCH FL 33445	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANGELO ROSSI 1100 A NORTH DRIVE DELRAY BCH FL 33445	☐ Change ☒ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Dennis Dickson</i> DENNIS DICKSON, PRESIDENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date (561) 495-7866 Daytime Phone #	